VSH Futures Advisory Committee
November 20, 2006 2:00 – 4:30 PM

Minutes

Next meeting: **December 18, 2006 2:00 to 4:30 Hazen Notch Room**
Cyprian Learning Center, State Office Complex, Waterbury

Present

Advisory Committee Members: Ron Smith, DOC; Greg Miller, Retreat Healthcare; Jeff Rothenberg, CMC; Jack McCullough, MHLP; Sally Parrish, FAHC; Linda Corey, VPS; Kitty Gallagher, State Adult Standing Committee; Michael Hartman, WCMH; Jackie Lehman, HCHC Peer Support Worker; David Fassler, VPA; Conor Casey, VSEA; Paul Dupre, Vermont Council; Jill Olson, VAHHS; Ken Libertoff, VAMH; Ed Paquin, VP&A; Larry Lewack, NAMI-VT; Xenia Williams, advocate.

Guests:
Julie Tessler and Nick Emlen, Vermont Council; Nancy Remsen, Burlington Free Press; Susan Gretkowski, MacLean, Meehan & Rice; Anne Donahue, Counterpoint; Kristin Chandler, AAG/DMH; Laura Zeigler.

Staff:
VDH Acting Commissioner Sharon Moffatt; Beth Tanzman, Judy Rosenstreich, Dawn Philibert, Bill McMains and Jessica Oski, VDH/DMH.

Introductions and Updates
Acting Commissioner Sharon Moffatt began the meeting, advising members of Secretary Cindy LaWare's return to the office, as of today, following medical leave. The Secretary has reviewed the Crisis Beds and Housing work groups' recommendations and is, in fact, examining these proposals in the context of the entire Agency of Human Services budget which is still in development. Proposals for crisis beds and emergency services recommendations are being analyzed to project costs, a collaborative effort by the work group and division staff. This analysis will be brought back to the Advisory Committee.

From his perspective as chair of the Housing Development Work Group, Ken suggested a more formal response to the report would be appropriate. David referenced the upcoming hearing of the Public Oversight Commission (POC) on December 13th. As the Advisory Committee will not meet again until after that date, he offered that support for the Futures Plan to replace VSH is contingent on enhanced services system wide.

Commissioner Moffatt explained that the work group and Advisory Committee recommendations are part of the larger budget development process and, therefore, it was unrealistic to expect decisions on funding before the POC meets. The Advisory

Committee's recommendations on housing and crisis beds/emergency services are being taken very seriously and being examined in relation to all other system needs.

On the subject of hiring a Deputy Mental Health Commissioner, Secretary LaWare has determined the importance of the position warrants selection from more than one candidate. Given that one of the two finalists withdrew from consideration, the administration will pursue the recruitment process by talking with other potential candidates who may now be willing to submit an application. Secretary LaWare has talked with the one remaining finalist who is willing to keep his name in consideration.

Larry expressed regrets that search committee members as himself did not know that the Secretary would need to select from among two or more candidates. Had he realized this, he may have approached the process differently. David asked if the plan was to go back to the original pool of candidates or go outside this group.

Commissioner Moffatt acknowledged the hard work of the search committee, and observed that, with about two dozen initial applicants, none of us anticipated that we would have only one candidate from which to select. She clarified that the plan was to go outside the original applicant pool and to seek other options.

Conceptual CON Application and POC

Beth outlined the POC agenda for December 13th at which the State will present the application as envisioned by the Futures planning process that we all have done together. This will be followed by questions from the POC, presentations by interested parties with followup Q&A after each presenter, POC questions to the applicant and public comment.

Beth looked back on the work that the Advisory Committee and staff had accomplished, inviting input for the Futures Team presentation to the POC.

David advised that the State present the application, leaving to advocates and interested parties to carry the weight on the larger system issues, i.e., to assert that the application should go forward only if the Administration has a commitment to fully fund the system. Given that the conceptual CON requests specific funding, he indicated that conceptually we can support this. Commissioner Moffatt offered that the mental health community can help the POC to understand the whole system.

Ken reflected on how all involved in the Futures planning process struggled to come up with this framework, calling it a major social policy initiative. Clarity is needed on the support for the system enhancements such as housing that must be built into this project. VSH is one piece, albeit an important one. Addressing Commissioner Moffatt, Ken made the point that not many recommendations have been made to the Secretary over the past 12 months.

Beth invited comment on issues of concern regarding the conceptual CON application.

Larry indicated that NAMI supports one or two smaller capacity inpatient options in addition to the primary program at Fletcher Allen in order to offer patients and families services closer to home.

Kitty expressed concern for consumers and their safety if public inebriates were served in the same program as other patients.

Linda supported (1) continued open communication with consumers and families and (2) sustainability of existing programs and the workforce.

Xenia stressed the importance of delivering care in a trauma-informed way, reducing coercion and restraint to nonexistent. She also hopes to realize the potential of parity as a concept beyond its application to health insurance coverage.

Paul pointed out that the limited number of beds available at community hospitals really means that the community system cannot be underfunded. He supports a system of care approach as paramount.

Jack agreed with all prior comments, offering that only small increases in funding to achieve sustainability means sustaining inadequacy.

Michael Hartman emphasized several areas: the system of care, addressing stigma, and how challenging it continues to be for people to get inpatient and community treatment. He applauded the recent decision by OVHA to allow CRT billing for nursing services.

Michael Sabourin questioned how integration can be achieved on the Fletcher Allen campus for an involuntary inpatient psychiatric program in a building that does not include other medical services. He did not support moving forward, citing unresolved issues.

Ed spoke for long term VSH patients for whom Fletcher Allen and Second Spring are not intended to serve. He pointed to this as one of the needs for our interwoven system.

Jeff agreed that VSH needs to be replaced and urged that we not think in terms of hospitals vs. community. Yet the Futures Plan increased the number of inpatient beds from 32 to 50 without adding community beds.

Greg Miller expressed interest on the part of the Brattleboro Retreat to offer its resources and to play a role in a recovery-based program. He shared that the Advisory Committee has never discussed the Retreat's role.

Sally was uncertain of the role of Rutland Regional Medical Center and the Retreat since neither can offer the same level of tertiary care of an academic medical center as FAHC.

Jill stated that the hospital association's outlook would mirror their member hospitals.

David asked that we look at capacity in each of the different programs, urging that we stay flexible as an inpatient program will not open for years. Favoring appropriate settings with adequate staffing and full funding, David also expressed concern that some patients may need more than residential but not acute hospital care.

Conor agreed that VSH should be closed. He questioned the assumption that co-location means integration. His main concern was the safety of patients and staff. VSH staff have been in limbo about their future employment. Not all viable options have been explored. He cited Corrections as a gap in the Futures plan: 70 people are identified as seriously mentally ill. Additional capacity is needed to accommodate this population. He agreed with David to remain flexible on the number of beds.

PUBLIC COMMENT

Anne stressed full system support, reducing coercion, and consumer involvement. She cited a lack of trust that these issues will be funded and prioritized.

Julie suggested that we need to know more about unmet needs to plan for sustainability. She cited lack of access to crisis services and outpatient services.

Laura Zeigler cited figures indicating that four years ago 14-16 percent of Corrections population was seriously mentally ill; she called for an assessment of Corrections' mental health needs. While VSH is unfit as a hospital setting, it could potentially be used for secure residential for which there is an enormous need.

<u>Corrections Work Group Initiated</u>

Following input from Advisory members and public comment, Commissioner Moffatt acknowledged common themes including concerns about the Corrections population, and the role of Rutland Regional Medical Center and Brattleboro Retreat. Our work on the plan will continue.

Advisory Committee member Ron Smith is Chief of Mental Health Services for the Department of Corrections (DOC), appointed two months ago. He stated that 65 to 70 individuals under supervision of DOC are seriously mentally ill.

Larry shared observations from his recent visit to the Springfield correctional center, stating that he was told that about 100 to 300 inmates are on psychotropic medications yet there is only a daily check on them. He expressed alarm at the level of services or lack thereof for these individuals.

Commissioner Moffatt proposed to create a new Futures Corrections Work Group. Ron Smith, Larry Lewack, Laura Zeigler, Xenia Williams volunteered to serve. Conor Casey suggested that two Correctional Officers should also serve.

Beth explained the division's process for selection of sites and State partners to pursue the best thinking of the Inpatient Work Group and the Advisory Committee. On the basis that it would be difficult for a general hospital with no current psychiatric program to step up to the challenge of partnering with the State for new inpatient psychiatric capacities, the Designated Hospitals were surveyed to determine interest. Central Vermont Medical Center was not interested and Springfield hospital cannot add any more beds due to their "critical access" designation. Rutland and Brattleboro were both very interested. Fletcher Allen recognized that the need to serve Vermonters with acute psychiatric illness was part of their mission and expressed willingness to become engaged in the planning process to replace VSH. These steps were in keeping with the recommendations passed by the Inpatient Work Group and subsequently endorsed by the Futures Advisory Committee.

Linda recommended that Rutland and Brattleboro be removed from the State application for a conceptual CON, clarifying her opposition to Rutland due to the hospital's apparent lack of understanding of a recovery-oriented program as that term is defined nationally.

Ken provided further input regarding the smaller capacity sites, stating that they must be held to the same standard of care as the primary inpatient program. The two smaller capacity sites incorporated in the CON application have not had the thorough discussion required to make this determination.

David suggested that we eliminate the specificity of the sites in the application and refer only to primary and secondary sites. It presents a conflict to assert that the new primary program cannot be an IMD given that the Retreat is an IMD. More specifics mean more opposition.

This concluded the discussion on the CON application.

Act 114: Informational Presentation

Kristin Chandler, AAG in the Division's legal department, gave a presentation "Introduction to Involuntary Treatment Laws in Vermont." As the document is part of the public record of the Advisory Committee, the script of her remarks are not repeated in the minutes.

This presentation explained what Act 114 is and what it allows for so that we all have a common information base to address the policy issues.

Dialogue brought up a number of discussion points:

- For statutory purposes, VSH is considered the most restrictive facility. Community hospitals are less restrictive than VSH.
- Alzheimer's' patients who were otherwise mentally healthy, then develop Alzheimer's, may present issues that would constitute reason for commitment.
- Alternative treatments, short of medication, may help some individuals while for others there is no alternative to medication at this time.

Beth suggested that we come back to Act 114 issues at our next meeting now that we have had a basic discussion about the law and the rules for the administration of nonemergency involuntary psychiatric medications. It is a complex subject and will require much more discussion.

PUBLIC COMMENT

Anne stated that, since October, the Mental Health Weekly Update has not given an update on the Department of Justice visit to VSH. She also raised concern about the contract with Second Spring pertaining to confidentiality and consumer involvement.

Conor asked if flexibility with respect to bed capacity could be inserted in the CON application. Beth responded that the State's application has been ruled complete but it also is understood that we may have some moving targets. The number of beds—50—reflected a majority opinion with some dissenting views for more beds and less beds.

David pointed out that the census at the state hospital for the last six months is higher than when we discussed bed capacity, and that we may have to re-evaluate in light of this.

The business of the meeting was completed and adjournment was so voted at 4:30 p.m.

SUBMITTED BY: Judy Rosenstreich
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